

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: HOUSING AUTHORITY OF THE CITY OF CAMDEN County: Camden
 Employee Organization AFSCME Council 71, Local 3441 Employees in Unit: 47
 Base Year Contract Term: 1/1/2007 12/31/2011 New Contract Term: 1/1/2012 12/31/2015
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
Item 1	\$1,124,150	\$1,124,150
Item 2	Increment	
Item 3	Longevity	\$6,000
Item 4		
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional item listed on separate sheet	Additional Items	
Section III: Totals • Sum of costs in each column	\$1,130,150	\$1,130,150
	(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) \$1,130,150

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015		
Percent Increase	0	3	2	2		
Total cost of increase ..	\$0	\$33,725	\$23,158	\$23,621		
Total base salary (successor agreement)	\$1,124,150	\$1,157,875	\$1,181,033	\$1,204,654		

Section V: Impact of Settlement - average annual increase over term of agreementPercentage Impact (average % per year over term of agreement) 1.75Dollar Impact (average \$ per year over term of agreement) \$20,126.00**Section VI**Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan				
Employee Contributions	5%	10.3%		
Prescription				
Dental	5%	25%		
Vision				

*To the best of my knowledge, belief & information**The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by:

Lisa Hendricks Richardson

Title: Staff Attorney

Print Name

Signature

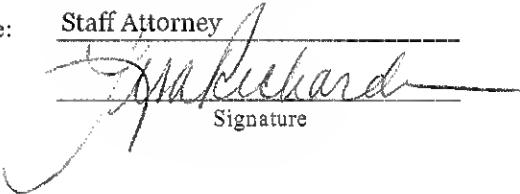
Date:

4/10/14

Certification

Information

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2012 thru 12/31/2015.

Employer: Housing Authority of the City of Camden
County: Camden
Date: 4/10/2014
Name: Lisa Hendricks Richardson
Print Name
Title: Staff Attorney

Signature